

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) CSO DISCHARGE MONITORING REPORT (CSO DMR)

		ADDITIONAL OVEDELOWS D																							
City				ADDITIONAL OVERFLOWS PAGE													State Form 50546 (9-01)								
City:															Page: of										
Faci		Permit Number: Check hav if no CSO dischage accurred.															for the month.								
Monitoring Period: (MM/DD/YY to MM/DD/YY) Measured/Metered (M)													Check box if no CSO dischage occurred for the month:												
	CSO Outfall No							Measured/Metered (M) or Estimated (E) must be specified. (Plea																	
_	_							CSO Outfall						CSO Outfall No						CSO Outfall No					
Day of	Day of	Time Discharge				Event Discharge		Time Discharge						Discharge		Event Duration				Time Discharge	M or	Event Duration		Event Discharge	
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